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State/Territory:	Nebraska

## STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

The Nebraska Medical Assistance Program covers transplants that are medically necessary and defined as non-experimental by Medicare. For transplants that may be covered by Medicare, NMAP uses Medicare standards as listed in the Medicare Coverage Issues Manual to determine coverage. If no Medicare policy exists for a specific type of transplant, the Medical Director of the Medical Services Division shall determine whether the transplant is medically necessary or non-experimental.

Notwithstanding any Medicare policy on liver or heart transplants, NMAP covers liver or heart transplants using the following standards:

- Facility Standards: The facility must have a valid provider agreement to participate in the Nebraska Medical Assistance Program. The facility must have certificate of need approval if required by the State in which the facility is located.
- 2. Patient Selection Criteria: Before providing transplant services to be covered by NMAP, the facility is required to submit its patient selection criteria, including medical-physical indications and contra-indications and psycho-social criteria, to the Medical Services Division for review.
- 3. Before the service is approved for payment, Medical Services staff review documentation submitted by the patient's physicians to verify that the transplant candidate meets the facility's previously submitted patient selection criteria. The documentation, submitted by two physicians that specialize in transplantation, must include the following:
  - a. The screening criteria used in determining that this patient is an appropriate condidate for a liver or heart transplant;
  - b. The results of that screening for this patient describing how the patient meets the facility criteria (i.e., the patient is eligible to be placed on the "waiting list" in which the only remaining criteria is organ availability); and
  - c. A statement by each physician -
    - (1) Recommending the transplant; and
    - (2) Certifying and explaining why a transplant is medically necessary as the only clinical, practical, and viable alternative to prolong the client's life in a meaningful, qualitative way and at a reasonable level of functioning.